MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/436,984

FILING DATE 11-09-99

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP
1	1		1					51						
2	1		1					52						
3	1		1					53						
4	1		1					54						
5		4		1				55						
6		4		1				56						
7		4		1				57						
8		4		1				58						
9		3		2				59						
10		2		2				60						
11		2		2				61						
12		2		2				62						
13		4		1				63						
14		4		1				64						
15	1							65						
16		1						66						
17		1						67						
18		1						68						
19		1						69						
20		1						70						
21	1	4						71						
22	1							72						
23		1						73						
24		1						74						
25		1						75						
26		2						76						
27		2						77						
28		2						78						
29		1						79						
30		1						80						
31				1				81						
32								82						
33								83						
34								84						
35								85						
36								86						
37								87						
38								88						
39								89						
40								90						
41								91						
42								92						
43								93						
44								94						
45								95						
46								96						
47								97						
48								98			•				
49								99						
50								100						
T TAL IND.	7		4					T TAL IND.						
TOTAL DEP.	69		15					TOTAL DEP.						
T TAL CLAIMS	76		19					TOTAL CLAIMS						